Re-entry Policy Issues: Health, Mental Health and Addiction Services

PRESENTATION
TO THE
INDIANAPOLIS-MARION COUNTY COUNCIL'S
RE-ENTRY POLICY STUDY COMMISSION

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Overview

Findings are based on the Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002.

- Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served 3 or more prior incarcerations.

- Female inmates had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; local jails: 75% of females and 63% of males).

Overview

The US Department of Justice reported in 1999 that about **16 percent** of the population in prison or jail has a serious mental illness.

….compared to **5-7%** in the entire population.

Co-occurring substance abuse disorders affect **over 70 percent** of prisoners with mental illnesses.

"Health-Related Issues in Prisoner Reentry," Crime & Delinquency 47, no. 3 (2001-07-01), 390-409.

Overview

According to research cited by the Council of State Governments – Justice Center- Reentry Policy Council:

- 80% of state prisoners report a history of drug or alcohol use;
- 55 percent of state prisoners report using drugs or alcohol during the commission of the crime that resulted in their incarceration;
- Two-thirds of convicted jail inmates were "actively involved in drugs" prior to their admission;
- 36 %were using drugs or alcohol at the time of their offense.

Overview

Drug abuse among prisoners does not vary significantly by race or gender, although it does vary by age, with inmates age 44 and under reporting rates of drug and alcohol use significantly below that of their older counterparts.

Behavioral Health Services

within the

Indiana Department of Correction

Continuum of Mental Health Care

Overview

- Mental health services are delivered to individuals with mental illness throughout their period of incarceration.
- Individuals are assessed for and classified according to their mental health needs at intake into IDOC and at points of care during their incarceration.
- A continuum of mental health care within the IDOC has been established to meet the needs of individuals with mental illness.
- Individuals with mental illness may move throughout the continuum of care based upon their needs during incarceration.
- Treatment goal is to achieve highest level of functional capability.
- Mental health services are delivered by qualified professionals.

Points of Care

- Throughout an individual's incarceration, points of care exist during which an individual is screened for mental health needs.
  - Reception into IDOC
  - Transfer from one facility to another
  - Annual health screen
  - Individual's request for care
  - Staff member's referral for care
  - Admittance to segregated housing
  - Crisis
  - Re-entry
- If mental health needs are identified at the points of care, additional evaluation is performed and a treatment plan is created.

Mental Health Services

Screen for mental health needs

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Mental health assessment

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Diagnostic evaluation

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Psychiatric evaluation

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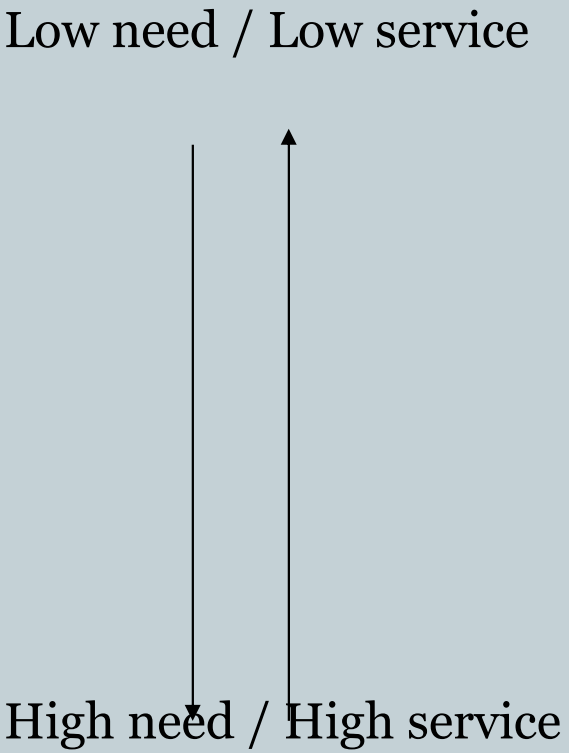
Treatment planning and classification:

Psychiatric treatment
Individual psychotherapy
Group psychotherapy
Group psycho-education

Continuum of Care

- **Re-entry facilities**
  - Minimal functional impairment
- **General population facilities**
  - Some functional impairment
- **Stabilization**
  - NCF, IWP, MJF, PJF
  - Acute disability
- **Intermediate Care**
  - WVF, IWP, MJF, PJF
  - Significant functional impairment
- **Intensive Care**
  - NCF, IWP, MJF, PJF
  - Significant functional impairment and significant risk to self or others
- **Chronic Care**
  - NCF, IWP, MJF, PJF
  - Pronounced functional impairment



Summary

- Qualified professionals deliver mental health services.
- Mental health services are provided to individuals in need throughout their period of incarceration.
- Individuals are classified according to their needs and placed in an appropriate housing and treatment setting.

Addiction Recovery Services

Overview

- Addiction Recovery Services are delivered during the period of incarceration to individuals with histories of substance abuse and dependence.
- Individuals are screened for and classified according to their treatment needs at intake into IDOC.
- A continuum of Addiction Recovery Services within the IDOC has been established to meet the needs of individuals with histories of substance abuse and dependence.
- Treatment goal is to begin the process of lifelong recovery with the goal of decreasing the likelihood of return to IDOC.
- Addiction Recovery Services are delivered by qualified professionals.

Identification of Need

- An individual is screened for treatment need upon intake to IDOC at:
  - Reception Diagnostic Center
  - Rockville Correctional Facility
- Upon assignment to Facility:
  - Risk and Needs Assessment completed that measures:
    - Risk of re-offending
    - Need for programming and intervention
- Re-Entry Accountability Plan (RAP) is created
  - Classification – Overall plan to move down in levels
  - Programming – Overall plan for each offender's programming and intervention needs

Initial Facility

- Risk and Needs Assessment completed that measures:
  - Risk of re-offending
  - Need for programming and intervention
- Re-Entry Accountability Plan (RAP) is created
  - Classification – Overall plan to move down in levels
  - Programming – Overall plan for each offender's programming and intervention needs

Program Referrals

- Get the RIGHT OFFENDER to the RIGHT PROGRAM at the RIGHT TIME
- Program referrals are driven by needs, but are also impacted by the offender's length of stay
- During 2009 the IDOC released 19,607 offenders. 6,144 (31.3%) had less then a year to serve and 4,201 (21.4%) had 6 months or less to serve. These numbers are on the rise.
- Short term lengths of stay significantly impact the ability to participate in programming

Services Offered

- Outpatient Treatment
  - Phase 1: Education
  - Phase 2: Primary Treatment (Time cut possible)
  - Phase 3: Relapse prevention (Time cut possible)
- Therapeutic Communities (Time cut possible)
- CLIFF Units (Time cut possible)
  - Methamphetamine Specific Therapeutic Communities
- AA / NA Meetings
- Purposeful Incarceration
- Urine Drug Screens

Purposeful Incarceration

- To create and foster a working relationship between the IDOC's Therapeutic Communities and the Indiana Judicial System.
- Judges can sentence chemically addicted offenders and document that they will "Consider a sentence modification" should the offender successfully complete a therapeutic community.
- The offender can receive treatment and be returned to the community through existing community programs such as:
  - Drug Courts
  - CTP Program
  - Community Work Release
  - Other available diversion

Summary

- First quarter 2011
  - New Admissions- 1175
  - Total Participants- 3819
    - Phase 2 Completions-408
    - Phase 3 Completions- 415
    - TC/CLIFF Completions- 330
  - Time Cuts Submitted- 1098
  - Months Granted- 3202
- Qualified professionals deliver Addiction Recovery Services.
- Individuals are classified according to their needs and placed in an appropriate housing and treatment setting.

Community Resources/Best Practices

Community Outreach Task Force
COT Force

Beginning

- Began fall 2009 after a challenge was laid out by Judge Barbara Collins and Sergeant Bob Hipple of IMPD
- Find a different way to address those getting multiple arrests in the downtown area due to addiction, mental illness, and/or homelessness
- Monthly meetings began with IMPD supplying 22 names of people in this situation

Beginning

- A Release of Information was designed to satisfy all agencies at the table
- Everyone set out to get releases signed and case conferencing began
- 36 agencies involved w/ 14 having regular representation at the monthly meetings

First Year - 2010

- 22 homeless individuals identified by IMPD accounting for 99 arrests in one year, primarily for public intoxication
- 9 of these individuals engaged in treatment and entered housing in the first year
- 48% reduction of arrests for these 9 individuals over a 12 month period.

Focus on Three

- Three of these individuals responsible for 185 arrests from 2007-2009
- These 3 individuals are all in treatment, sober and housed and have been for over 2 years
- In one year this shows a savings of $147,652 in negative arrests alone (this doesn't account for jail time and court costs)

Second Year - 2011

- 45 clients enrolled
- 29 clients entered program housing – 12 have stayed for 12+ months
- 19 experienced fewer arrests – 90 fewer arrests total than previous year
- 25 experienced fewer CIU/ER visits – 61 fewer visits total than previous year

Currently

- 48 individuals identified; responsible for 167 arrests in 2012
- Of these 48, 32 are currently in housing and engaged in treatment
- 5 of these individuals are responsible for 44 arrests; currently all 5 are in treatment and housed

The Numbers

- One arrest costs $798.12 (2009)
- One day in jail costs $45.27 to $62+
- One day in housing and treatment costs $15

Why it works

- Removed barriers to access treatment and housing
- Funding identified for long term housing and treatment support
- Monthly case conferencing with key players
- Trust amongst the team; across the board ownership with client focused success
- All agencies interfacing with client share same message; working from same page

Policy/System Issues

- Need to redesign the role of the Prosecutor and the Public Defender in determining treatment plans – the plans are often unwieldy and not prioritized to address the primary issue(s)

- Waiting list for community health center appointments can be up to 60 to 90 days; inmates are released with 30 day supply of medication

Policy/System Issues

Affordable Care Act:

Beginning in 2014, the ACA explicitly allows incarcerated individuals pending disposition to be classified as qualified to enroll in and receive services from health plans participating in state health insurance exchanges if they otherwise qualify for such coverage.

Furthermore, individuals who satisfy bail requirements and are released into the community pending disposition will be eligible for Medicaid under the ACA if they meet income and other program requirements.

Recommendations

Engage the community-based mental health care system in providing pre- and post-release services to inmates with mental health needs.*(Council of State Governments – Justice Center- Reentry Policy Council)*

Example: Jail Health Services, San Francisco Department of Public Health (CA)

Recommendations

Engage community-based organizations to provide health care services for inmate populations prior to discharge. *(Council of State Governments – Justice Center- Reentry Policy Council)*

When a provider cares for a patient while he or she is a prisoner, the provider-patient relationship that develops can continue when he or she returns to the community, providing personal and public health benefits.

Recommendations

Engage the community-based substance abuse system to provide effective, culturally competent services to people in correctional facilities who are in need of treatment.

(Council of State Governments – Justice Center- Reentry Policy Council)

Engaging community-based providers can facilitate continuity of care by building long-term relationships between treatment providers and individuals in prison or jail that can endure after the program participants are released to the community.